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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA  
HUNTINGTON DIVISION

**Jonathan R., minor, by Next Friend, Sarah**

)

**DIXON, et al.,**

)

)

Plaintiffs,

)

Class Action

) 3:19-cv-00710

v.

)

**Jim JUSTICE, in his official capacity as the**

)

**Governor of West Virginia, et al.,**

)

Defendants.

)

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I, Elizabeth M. Aparicio, declare under penalty of perjury that the following is true and correct:

1. I have been retained by the Plaintiffs as an expert in this matter.
2. If called as a witness, I would offer testimony as those matters set forth in my report, which is attached to this declaration. My report contains a complete statement of my opinions in this case and the basis and reasons for them; the facts or data I considered in forming them; my qualifications, including a list of all publications I authored in the last ten years; a list of all other cases in which, during the last four years, I testified an expert at a trial or by deposition; and a statement of the compensation I am being paid for my work in this case.



Executed on: 8/10/2020

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Elizabeth M. Aparicio

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## **Report: Aging Out Expert Witness Dr. Elizabeth Aparicio**

### **I. Introduction**

I have been retained by the Plaintiffs' lawyers in the lawsuit *Jonathan R., et al. v. Jim Justice, et al.* as an expert in youth aging out of foster care. I was asked to provide my opinion concerning West Virginia's policies and practices for the provision of services to transition age foster youth.

### **II. Credentials and Background**

After receiving my Bachelor of Arts in Social Work and Master of Social Work at the Catholic University of America, I worked for nine years as a social worker in child welfare and mental health settings. I served as a social worker at a group home for teenage mothers in foster care and their infants and toddlers, then as a clinical social worker at an outpatient mental health facility. I specialized in early childhood mental health and adolescent mental health, continuing to work with many children and adolescents with histories of trauma by providing individual, family, and group psychotherapy, and providing early childhood mental health consultation to daycare centers and home-based childcare providers. I then opened a private practice and provided psychotherapy to children, adolescents, and young adults, and early childhood mental health consultation to an Early Head Start/Head Start program in Washington, D.C. My direct service experience as a social worker totals nearly a decade.

I returned to school, earning my PhD in Social Work at the University of Maryland in 2014. Now, I conduct research regarding child and adolescent health and mental health among trauma-affected children, youth, and families, most often with transition age youth currently in or recently aged out of foster care and youth experiencing homelessness. I am currently an Assistant Professor at University of Maryland's School of Public Health, in the Department of Behavioral and

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Community Health. I direct the Community THRIVES Lab, which conducts community-engaged, transformative health research at the intersection of family violence, early childhood intervention, and adolescent sexual health. I am also the Deputy Director for Clinical Training and Intervention at the University of Maryland Prevention Research Center. Prior to this position, I was an Assistant Professor at University of Hawaii School of Social Work, where I oversaw the Child and Family Concentration in the Master of Social Work Program and a child welfare pipeline training program for masters level social workers. I was elected to the Board of Directors of the Society of Social Work and Research, serving a term from 2017-2020.

I have published more than two dozen peer-reviewed journal articles and two book chapters on the health and mental health of trauma-affected children, youth, and families, and the professionals serving them. This body of work includes eight studies specific to aging out foster youth, with a particular focus on trauma, mental health, pregnancy, and parenting.<sup>1</sup> I have published extensively on mental health and sexual health intervention with youth experiencing homelessness,<sup>2</sup> a population that overlaps significantly with the child welfare-involved youth

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<sup>1</sup> Elizabeth M. Aparicio, “‘I Want to Be Better than You:’ Lived Experiences of Intergenerational Child Maltreatment Prevention among Teenage Mothers in and beyond Foster Care,” *Child & Family Social Work* 22, no. 2 (2017): 607–16, <https://doi.org/10.1111/cfs.12274>; Elizabeth Aparicio, Edward V. Pecukonis, and Shalita O’Neale, “‘The Love That I Was Missing’: Exploring the Lived Experience of Motherhood among Teen Mothers in Foster Care,” *Children and Youth Services Review* 51 (April 1, 2015): 44–54, <https://doi.org/10.1016/j.childyouth.2015.02.002>; Elizabeth M. Aparicio et al., “‘My Body Is Strong and Amazing’: Embodied Experiences of Pregnancy and Birth among Young Women in Foster Care,” *Children and Youth Services Review* 98 (March 1, 2019): 199–205, <https://doi.org/10.1016/j.childyouth.2019.01.007>; Elizabeth M Aparicio, Deborah Gioia, and Edward V Pecukonis, “‘I Can Get Through This and I Will Get Through This’: The Unfolding Journey of Teenage Motherhood in and beyond Foster Care,” *Qualitative Social Work* 17, no. 1 (January 1, 2018): 96–114, <https://doi.org/10.1177/1473325016656047>; Svetlana Shpiegel et al., “The Functional Patterns of Adolescent Mothers Leaving Foster Care: Results from a Cluster Analysis,” *Child & Family Social Work* n/a, no. n/a, accessed November 8, 2019, <https://doi.org/10.1111/cfs.12704>; Bryn King et al., “Early Childbirth Among Foster Youth: A Latent Class Analysis to Determine Subgroups at Increased Risk: Early Childbirth among Foster Youth,” *Perspectives on Sexual and Reproductive Health*, December 4, 2019, <https://doi.org/10.1363/psrh.12124>; Katie Massey Combs et al., “Evidence-Based Sexual Health Programs for Youth Involved with Juvenile Justice and Child Welfare Systems: Outcomes across Settings,” *Children and Youth Services Review* 100 (May 2019): 64–69, <https://doi.org/10.1016/j.childyouth.2019.02.032>.

<sup>2</sup> Elizabeth M. Aparicio et al., “Holistic, Trauma-Informed Adolescent Pregnancy Prevention and Sexual Health Promotion for Female Youth Experiencing Homelessness: Initial Outcomes of Wahine Talk,” *Children and Youth Services Review* 107 (December 2019): 104509, <https://doi.org/10.1016/j.childyouth.2019.104509>; Olivia N.

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population: approximately 40% of the homeless youth in my studies are former foster youth. Finally, I have conducted three studies on child maltreatment prevention.<sup>3</sup> My experience and publications are further detailed in the Curriculum Vitae attached to this report.

I am an expert in aging out foster youth, with fifteen years of combined direct practice and community-engaged research experience with this specific population. This is the first case for which I have served as an expert witness. I have been compensated \$150 per hour for my work on this matter.

### III. Methodology

My opinions are based on my many years of experience as a social worker, working across child welfare, mental health, and research settings. They are also based on my review of documents provided to me by the attorneys for the Plaintiffs, including policies, data, and reports from the defendant agency. A complete list of the documents that I considered can be found in Appendix A.

This Affidavit is submitted in support of Plaintiffs' Motion for Class Certification. At this stage of the matter, Plaintiffs have not completed discovery and, therefore, I do not have access to

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Kachingwe et al., "She Was There through the Whole Process: Exploring How Homeless Youth Access and Select Birth Control," *Children and Youth Services Review* 101 (June 1, 2019): 277–84, <https://doi.org/10.1016/j.childyouth.2019.04.012>; Elizabeth M. Aparicio et al., "Dual Experiences of Teenage Parenting and Homelessness among Native Hawaiian Youth: A Critical Interpretative Phenomenological Analysis," *Child & Family Social Work* 24, no. 2 (2019): 330–39, <https://doi.org/10.1111/cfs.12618>; Elizabeth M. Aparicio et al., "Youth and Provider Perspectives of Wahine Talk: A Holistic Sexual Health and Pregnancy Prevention Program Developed with and for Homeless Youth," *Children and Youth Services Review* 93 (October 1, 2018): 467–73, <https://doi.org/10.1016/j.childyouth.2018.08.014>.

<sup>3</sup> Tiffany L. Martoccio et al., "Intergenerational Continuity in Child Maltreatment: Explicating Underlying Mechanisms," *Journal of Interpersonal Violence*, April 20, 2020, 0886260520914542, <https://doi.org/10.1177/0886260520914542>; Elizabeth M. Aparicio et al., "First-Generation Latina Mothers' Experiences of Supplementing Home-Based Early Head Start with the Attachment and Biobehavioral Catch-up Program," *Infant Mental Health Journal* 37, no. 5 (2016): 537–48, <https://doi.org/10.1002/imhj.21586>; Allison West et al., "Home Visitors' Perceptions of Supplementing Early Head Start with the Attachment and Biobehavioral Catch-up Program: Implications for Implementation," *Infant Mental Health Journal* 38, no. 5 (June 2017), <https://doi.org/10.1002/imhj.21654>.

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all of the relevant information. However, the information I do have makes it highly likely that my conclusions are correct.

#### **IV. Summary of Opinion**

Upon careful review, it is my opinion that the West Virginia Department of Health and Human Resources (DHHR) and the Bureau for Children and Families (BCF) have failed to provide sufficient care for youth in foster care aged fourteen and older who are preparing to age out of foster care. This creates a risk of harm for transition age foster youth. These failures coalesce around two particular domains:

1. Failure to meet the core mission of the organization, including DHHR's failure to ensure the safety of the older children in foster care, establish meaningful permanency for older children in foster care, and ensure the well-being of older children in foster care. This includes systematic deficiencies across a range of areas particularly important for adolescents during this sensitive developmental period. This is evidenced by multiple years documenting insufficient ability to meet federal benchmarks for expectations of these areas for care of children in their custody as well as the testimony of DHHR Children and Adult Services Director Carla Harper.<sup>4</sup>

2. Driving the above core mission failures in child safety, permanency, and well-being is DHHR's failure to maintain effective statewide information systems to track older foster youth, to meet case review and planning standards to prepare older foster youth to leave the DHHR system, to ensure an adequate, evidence-based service array to meet the needs of older foster youth in DHHR care, and to develop adequate foster and adoptive parent licensing, recruitment, and retention practices to the benefit of older foster youth. This is evidenced yet again by multiple years in which DHHR failed to meet federal benchmarks for expectations of these areas for care

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<sup>4</sup> As of the date of this report, Defendants had not yet completed and submitted an errata sheet for the transcript of Carla Harper's June 30, 2020 deposition testimony.

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of children in their custody and by the testimony of DHHR Children and Adult Services Director Carla Harper.

As a result of these failures, older children placed in DHHR and BCF care are at risk of significant negative outcomes across physical health, mental health, and general well-being domains, both in and beyond their time in foster care.

## **V. Background**

West Virginia's high rate of foster care entries – among highest in the nation at nearly triple the national rate (9.8 vs. 3.5 per 1,000 children)<sup>5</sup> – means that DHHR has a critical role in caring for a great many of West Virginia's most vulnerable children. Youth in foster care are at significant risk for negative outcomes in adolescence and early adulthood. Nationally, foster youth are more likely to give birth during adolescence than general population youth<sup>6</sup> and, as parents, experience significant educational, social, and emotional challenges.<sup>7</sup> More than half of older teens in foster care in the United States age out without reunification or connection to family, putting them at increased risk of experiencing homelessness, poverty, and unemployment, among other things.<sup>8</sup>

The Annie E. Casey Foundation reports that transition age youth in foster care, who are aged fourteen years and older, comprise 29% of West Virginia's foster care population; this same

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<sup>5</sup> D005555, -608.

<sup>6</sup> Amy Dworsky and Mark E. Courtney, "The Risk of Teenage Pregnancy among Transitioning Foster Youth: Implications for Extending State Care beyond Age 18," *Children and Youth Services Review* 32, no. 10 (October 1, 2010): 1351–56, <https://doi.org/10.1016/j.childyouth.2010.06.002>; Bryn King et al., "A Cross-Sectional Examination of Birth Rates among Adolescent Girls in Foster Care," *Children and Youth Services Review* 36 (January 1, 2014): 179–86, <https://doi.org/10.1016/j.childyouth.2013.11.007>; Sarah A. Font, Maria Cancian, and Lawrence M. Berger, "Prevalence and Risk Factors for Early Motherhood Among Low-Income, Maltreated, and Foster Youth," *Demography*, December 5, 2018, <https://doi.org/10.1007/s13524-018-0744-x>.

<sup>7</sup> Mark E. Courtney, Jennifer L. Hook, and JoAnn S. Lee, "Distinct Subgroups of Former Foster Youth during Young Adulthood: Implications for Policy and Practice," *Child Care in Practice* 18, no. 4 (October 1, 2012): 409–18, <https://doi.org/10.1080/13575279.2012.718196>; Amy Dworsky, "Child Welfare Services Involvement among the Children of Young Parents in Foster Care," *Child Abuse & Neglect* 45 (July 1, 2015): 68–79, <https://doi.org/10.1016/j.chab.2015.04.005>.

<sup>8</sup> Annie E. Casey Foundation, "Fostering Youth Transitions" (Baltimore, MD, 2018), <https://www.aecf.org/resources/fostering-youth-transitions/>.

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age group comprises only 25% of the foster care population nationally.<sup>9</sup> The majority (56%) of these youth in West Virginia are male.<sup>10</sup> West Virginian transition age foster youth are more likely to be placed in group homes and institutions, and less likely to be placed with family, on a trial home visit, or in a supervised independent living placement, compared to transition age foster youth nationally.<sup>11</sup>

Moreover, twice as many transition age youth in West Virginia leave foster care due to permanence as in the general population of foster youth, which is, seemingly, a strength.<sup>12</sup> However, there is something at odds with the extremely high rates of permanency among transition aged youth at approximately twice the national average (87% in West Virginia vs. 43% in the U.S.) and the poor outcomes of former foster youth at age twenty one.<sup>13</sup> Indeed, young adults who experienced foster care in West Virginia fare worse than the general population of foster youth by age twenty one in several key indicators: they are less likely to be employed (43% in West Virginia vs. 49% nationally), have a high school diploma (72% vs. 76%), or have stable housing (54% vs. 70%) and are more likely to be young parents (38% vs. 31%).<sup>14</sup> We would expect that higher rates of permanency would yield better outcomes, but this is not the case. Such a discrepancy suggests that there may be a rush to place transition aged youth in permanent homes, when, unfortunately, the availability and quality of services provided to families in these homes may be poor. Thus,

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<sup>9</sup> Annie E. Casey Foundation, “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

<sup>10</sup> Annie E. Casey Foundation. “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

<sup>11</sup> Annie E. Casey Foundation. “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

<sup>12</sup> Annie E. Casey Foundation. “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

<sup>13</sup> Carla Harper testified that DHHR classifies youth who return to their parent when they turn eighteen as a reunification. She did not believe this qualified as artificially raising DHHR’s statistics. Harper Dep. 100:19-101:22, June 30, 2020.

<sup>14</sup> Annie E. Casey Foundation. “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

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these homes may be permanent but ill-equipped to meet youths' needs and prepare them for adulthood.

These low graduation, employment, and stable housing rates coupled with high teen pregnancy rates among West Virginian former foster youth are likely to contribute to immense challenges not only for the individual youth, but also for generations of families, further compounding the crisis of child welfare in West Virginia. Such outcomes prompt the need for a closer examination of West Virginia's care of its transition age foster youth and a commitment to remedy inadequacies in care for youth at this sensitive period of development.

From my own work with transition age foster youth, I can attest to how complex their needs can be. By the time they are older, foster youth have accumulated significant numbers of adverse childhood experiences and may, understandably, be hesitant to trust providers or engage in services given the degree of betrayal experienced at the hands of other adults who should have been the ones to care for them. Working with transition age foster youth can be challenging. Yet, adolescence offers an opportunity to help youth imagine their dreams, and then envision, plan, and work towards autonomy. Like all adolescents, they need to be afforded the opportunity within the context of safe, affirming environments to take chances, experience successes, and make mistakes so that they can learn from them. Failure to properly care for transition age foster youth and prepare them for independence places them at risk of harm and means individual suffering for the youth themselves and undue burden on adult medical, mental health, educational, justice, and other systems that might serve them.

## **VI. West Virginia Consistently Fails to Meet Federal Expectations of Child Welfare Systems**

The federal government conducts Child and Family Services Reviews (CFSRs) of each state's child welfare system in the areas of child outcomes and systemic factors. In West Virginia's

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most recent CFSR (report year 2017), multiple strengths were noted, including the systems continuous quality improvement (CQI) process, attempts to focus on improving data-driven strategic planning and decision-making, enhanced collaboration with key partners, the Safe at Home demonstration project (wraparound intensive in-home services for children ages twelve to seventeen), children being placed with their siblings when in their best interest, and children regularly visiting with parents while in placement.<sup>15</sup>

However, none of the seven child outcomes across domains of safety, permanency, and well-being were found to be in substantial conformity in West Virginia.<sup>16</sup> Performance had remained relatively unchanged since the prior review (report year 2008)<sup>17</sup> and still fell far short of the standard threshold of “95% substantially achieved” that is expected in each outcome category. These child outcomes include:<sup>18</sup>

1. Safety Outcome One: Children are, first and foremost, protected from abuse and neglect (56% substantially achieved in West Virginia);
2. Safety Outcome Two: Children are safely maintained in their homes whenever possible and appropriate (42% substantially achieved);
3. Permanency Outcome One: Children have permanency and stability in their living situations (20% substantially achieved);
4. Permanency Outcome Two: The continuity of family relationships and connections in preserved for children (65% substantially achieved);

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<sup>15</sup> D003776, -780-781.

<sup>16</sup> D003776, -780.

<sup>17</sup> D003776, -810.

<sup>18</sup> D003776, -802-805.

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5. Well-Being Outcome One: Families have enhanced capacity to provide for their children's needs (26% substantially achieved);

6. Well-Being Outcome Two: Children receive appropriate services to meet their educational needs (73% substantially achieved); and

7. Well-Being Outcome Three: Children receive adequate services to meet their physical and mental health needs (59% substantially achieved).

Federal CFSRs also measure expectations in systemic factors among child welfare systems. During their most recent review, West Virginia failed to meet substantial conformity guidelines in four of the seven systemic factors.<sup>19</sup> This is worse than in the prior evaluation, which included failure to meet substantial conformity in three of the seven systemic factors (report year 2008).<sup>20</sup> Systemic factors comprising strengths in West Virginia and in which the state met substantial conformity include: Quality Assurance System, Staff and Provider Training, and Agency Responsiveness to Community. The areas in which West Virginia failed to meet substantial conformity included Statewide Information System, Case Review System, Service Array and Resource Development, and Foster and Adoptive Parent Licensing, Recruitment, and Retention.

The CFSR also found that West Virginia experienced significant challenges with the establishment and achievement of appropriate and timely permanency goals for foster children.<sup>21</sup> Although there were issues with the state's lack of quality resource homes, West Virginia's poor service array – for instance, its lack of substance abuse treatment services – and DHHR workforce retention issues, reviewers encouraged West Virginia to leverage some of the strategies already being used in the Safe at Home program to improve services to more foster children. This program

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<sup>19</sup> D003776, -805-808.

<sup>20</sup> D003776, -810.

<sup>21</sup> D003776, - 781-782.

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was not available to all youth, but instead only to a select number of high-need cases that were most commonly in congregate care. Specifically, the reviewers found that West Virginia struggled with overuse of shelter care, because it lacked a sufficient number of foster homes. Moreover, DHHR Children and Adult Services Director Carla Harper, in her testimony on behalf of DHHR, stated that she did not know how effective DHHR's efforts were to recruit foster homes for older youth.<sup>22</sup> Ms. Harper further testified that while half of older youth were in kinship placements, "the support for that number of children in those kinship homes is not great."<sup>23</sup>

In addition to increased community needs and inadequate services, DHHR struggles with recruiting and retaining caseworkers.<sup>24</sup> Based on the most recent CFSR, it appears that caseworkers have insufficient time to ensure youth and families are being adequately assessed and are receiving individualized services to meet their needs. At the pre-custodial phase, these circumstances resulted in DHHR failing to initiate child abuse and neglect investigations in a timely manner, DHHR receiving multiple reports of similar circumstances before opening a case for investigation, poor development and monitoring of safety plans, and inadequate assessments of safety and risk. Caseworkers tended to focus on a single child within the family rather than taking a whole family approach. Moreover, when youth were removed and placed into DHHR custody, they were not afforded adequate opportunities to meet with their siblings, and DHHR often failed to engage in necessary case management and permanency planning. All of these issues are detrimental and pose a substantial risk of harm to transition age foster youth.

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<sup>22</sup> Harper. Dep. 266:22-267:4, June 30, 2020.

<sup>23</sup> Harper. Dep. 272:11-13, June 30, 2020.

<sup>24</sup> D003776, - 781-782.

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## **VII. West Virginia has Failed to Improve Transition aged Foster Youths' Safety, Permanency, and Well-Being Over Time**

West Virginia has updated a number of its policy manuals in response to the need for improved safety, permanency, and well-being outcomes for children. These comprehensive policy manuals include West Virginia DHHR's Adoption Policy,<sup>25</sup> Child Protective Services Policy,<sup>26</sup> Foster Care Policy,<sup>27</sup> Title IV-E Eligibility,<sup>28</sup> Homefinding Policy,<sup>29</sup> and Youth Services Policy.<sup>30</sup> West Virginia's 2019 Child and Family Service Plan offers complementary information particularly relevant to transition age foster youth, such as addressing the risk of sex trafficking and social media use, and the importance of affirming spaces for LGBTQ youth.<sup>31</sup>

Several manuals, reviews, and plans reference the importance of developing a transition plan, for which there is a template, the West Virginia Older Youth Transition Plan.<sup>32</sup> This plan includes details about the youth and caregiver, custody status, court proceedings, living arrangement, MODIFY program participation (MODIFY is a program for transition age youth), assessments of tribal membership eligibility, National Youth in Transition Database (NYTD) survey completion, advanced directives, credit history check, SSI eligibility, Title 19 waiver eligibility, and adult protective services referral information.<sup>33</sup> The Older Youth Transition Plan goes on to assess a youth's current academic setting, academic strengths and needs, transition needs, whether or not the youth is accessing FAFSA or ETV funds, a youth's Casey Life Skills Attainment, and addresses demonstrated knowledge in the major Casey Life Skills Assessment

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<sup>25</sup> D000924.

<sup>26</sup> D001010.

<sup>27</sup> D001299.

<sup>28</sup> D001600.

<sup>29</sup> D001643.

<sup>30</sup> D001846.

<sup>31</sup> D003816.

<sup>32</sup> D001929.

<sup>33</sup> D001929.

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areas. The Older Youth Transition Plan also lists which experiential opportunities and hands on skills the youth has, their current employment status and employment needs, linkages, employment skills, special certifications, transportation needs, short-term employment goals, and long-term employment goals, and includes a space to attach a resume. In terms of financial literacy, the plan lists bank account status, regular source of income, financial literacy knowledge, and resource linkage. In terms of health and well-being, it includes established primary care professionals, health, medication compliance, mental health, parenting issues, linkages, permanence/connections, permanency pact, family relationships, sibling relationships, tribal membership, support needs, active community connections, community opportunities, cultural connections, peer circle, and peer contacts. Finally, the Older Youth Transition Plan includes the Casey Life Skills Learning Template, which assesses skills, goals, and needs.

It is clear that West Virginia has worked to develop policies and services to attempt to meet the needs of transition aged youth. But while some of the services offered are evidence-based or have promising evidence (for example, the Safe at Home program), others do not appear to have an evidence base. Listing a large array of services, while looking good on paper, does little to ensure that the services being delivered are effective. The MODIFY Program, for instance, which implements Chafee Programming, appears to be well-designed, yet has only one youth worker for each of five regions, including multiple counties.<sup>34</sup> It seems unlikely that five workers would be able to adequately assess and support the Transition Plan of the approximately 2,700 transition aged youth in foster care in West Virginia.<sup>35</sup> The 2020 Child and Family Services Plan notes there

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<sup>34</sup> “MODIFY Coverage Map | Center for Excellence in Disabilities,” accessed June 10, 2020, <http://modify.cedwvu.org/modify-coverage-map/>.

<sup>35</sup> Annie E. Casey Foundation. “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

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is a very limited number of transitional providers that provide more intensive services.<sup>36</sup> Further, reports on MODIFY effectiveness were not available to this reviewer and not apparent upon review of their website.<sup>37</sup> However, Ms. Harper testified that DHHR was not evaluating MODIFY “to be an evidence based program.”<sup>38</sup> She also testified DHHR was not evaluating programs in West Virginia, which were being provided to aging out youth, to assess their effectiveness.<sup>39</sup> It seems that throughout DHHR’s reports on its service array, tracking most services is often based solely on utilization numbers rather than the actual outcomes amongst service participants. One notable exception to this is the Safe at Home program, which includes regular external evaluations<sup>40</sup> although impacts are mixed, and the program has focused on youth in congregate care.<sup>41</sup>

West Virginia DHHR has developed systems for assessing the agency’s performance between CFSRs. They model their own reviews after the CFSR to gauge where improvements are necessary and report them in their Child and Family Services Plans.<sup>42</sup> These internal DHHR reviews indicate continued performance well below expected thresholds on safety, permanency, and well-being outcomes,<sup>43</sup> which, in turn, contributes to the aforementioned poor outcomes seen amongst West Virginian foster youth who age out of care.<sup>44</sup>

DHHR Director Carla Harper’s testimony, which focused on DHHR’s care for transition age foster youth, revealed that although there is a continuous quality improvement (CQI) process

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<sup>36</sup> D003816, -979.

<sup>37</sup> “MODIFY | Center for Excellence in Disabilities,” accessed May 18, 2020, <http://modify.cedwvu.org/>.

<sup>38</sup> Harper. Dep. 159:15-16, June 30, 2020.

<sup>39</sup> Harper. Dep. 156:23-157:7, June 30, 2020.

<sup>40</sup> D006696.

<sup>41</sup> D130274.

<sup>42</sup> D003816.

<sup>43</sup> D003816.

<sup>44</sup> Annie E. Casey Foundation. “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

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in place, the system is overwhelmed with its current responsibilities and does not effectively collect or track data.<sup>45</sup> At several points, Ms. Harper was unable to identify the specific problems that had been identified in the data DHHR had collected and how specific problems were being addressed. Indeed, she admitted that, in some cases, this CQI occurs through a verbal reporting process.<sup>46</sup> This lack of precise identification and tracking of specific needs of transition aged youth is concerning.

One example of poor, decreasing performance on an outcome between the last CFSR and the last internal review that is particularly important to transition age youth is Permanency Outcome 2, which is “the continuity of family relationships and connections is preserved for children.”<sup>47</sup> This permanency outcome includes (a) placement with siblings; (b) facilitating frequent and high quality visits with parents and siblings in foster care; (c) making concerted efforts to maintain the foster child’s connections to their neighborhood, community, faith, extended family, Tribe, and friends; (d) placing the child with relatives when appropriate; and (e) promoting, supporting, and/or maintaining positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation. This permanency outcome is critical for older youth who often need to negotiate how to be in relationship with their families of origin throughout their lives, but in particular, at the point of aging out. The 2020 West Virginia Child and Family Services Plan cites challenges such as “barriers created by the court to maintaining parent-child relationships and ensuring regular parent-child visitation as courts order no contact between the parents and child until addiction treatment has been completed or multiple

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<sup>45</sup> Harper. Dep. 296:19-298:12, June 30, 2020.

<sup>46</sup> Harper. Dep. 282:21-283:7, June 30, 2020.

<sup>47</sup> D003816.

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drug screens return negative for substances. Other barriers to higher conformity on the outcome include an inadequate number of resource homes within communities. This results in children being placed further from their home communities, therefore, resulting in connections not being preserved.”<sup>48</sup> Remedyng these barriers is essential, as is understanding that permanency is not limited to parent-child relationships: it is critical to maintain connections to and shore up through strengthening supports a broader network of transition age youths’ kin and non-kin ties. This network strengthening enhances the likelihood of permanent placements being successful. As noted in the earlier section on permanency highlighting the Annie E. Casey report demonstrating that transition age youth in West Virginia have relatively high rates of permanency but low rates of performance on key measures at age twenty one,<sup>49</sup> it is not enough to simply maintain connections, but families and communities must be strengthened in order to meet the needs of transition aged youth being returned to them.

Another related example of poor performance on a measure particularly important for transition age youth is on Well-Being Outcome 1: “families have enhanced capacity to provide for their children’s needs.” This outcome was substantially achieved in just 28% of cases per the 2020 Child and Family Services Plan,<sup>50</sup> which reports on the most recently conducted internal review process, similar to 26% in the 2017 CFSR.<sup>51</sup> It appears quite clear that families are not getting the

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<sup>48</sup> D003816, -850.

<sup>49</sup> Annie E. Casey Foundation. “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

<sup>50</sup> D003816, -851-853.

<sup>51</sup> D003776, -804.

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services they need – again, despite high rates of “permanency,”<sup>52</sup> families are not being adequately supported,<sup>53</sup> <sup>54</sup> leading to poor outcomes for transition age foster youth.<sup>55</sup>

Carla Harper’s testimony confirms these systemic deficits in preparing and supporting kinship caregivers, foster parents, and caseworkers to address the specific, developmentally appropriate needs of transition age youth in West Virginia to prepare them for adulthood. Ms. Harper shared multiple ways in which DHHR fails to assess and address the needs of transition age foster youth in their care. For example, although DHHR claims to use the Casey Life Skills Assessment and Life Skills Curriculum to assess, address, and track transition age youths’ skills and goals, DHHR does not know which caseworkers have been trained to use this tool.<sup>56</sup> She also testified that West Virginia does not have caseworkers who are dedicated solely to working with transition age foster youth.<sup>57</sup>

Ms. Harper noted that although foster parents are relied upon to deliver services to transition age youth, they do not receive training in *how* to deliver these services.<sup>58</sup> Further, DHHR is uncertain which services are being provided to which youth because “individual services are not being documented by DHHR caseworkers in the transitional living plan.” One critical example of this that Ms. Harper noted was that although caseworkers provide information to former foster youth regarding their ability to receive Medicaid through the age of twenty six, DHHR neither tracks whether youth sign up nor collects aggregate data on how many former foster youth are

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<sup>52</sup> Annie E. Casey Foundation. “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

<sup>53</sup> D003776.

<sup>54</sup> D003816.

<sup>55</sup> Annie E. Casey Foundation. “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

<sup>56</sup> Harper. Dep. 308:8-312:22, June 30, 2020.

<sup>57</sup> Harper. Dep. 176:9-12, June 30, 2020.

<sup>58</sup> Harper. Dep. 175:6-22, 178:7-180:5, 185:13-186.23, 187:17-188:8, 191:5-193:2, 193:121-194:12, 249:8-251:17, June 30, 2020.

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receiving Medicaid.<sup>59</sup> Ms. Harper affirmed the sense of overwhelm within the system multiple times, stating, “[t]here’s many reports I could have run. But at this point we have not enough staff to manage the data that we’re working with now. So I don’t know who would do that.”<sup>60</sup>

### **VIII. West Virginia Relies Heavily on Congregate Care, Despite Evidence of it Being More Expensive and More Harmful to Foster Youth**

Another major shortcoming in DHHR’s provision of services to transition age foster youth is its heavy reliance on congregate care, which places transition age foster youth at significant risk of harm. More than half (57%) of transition age foster youth are placed in congregate care in West Virginia, compared to 34% nationally.<sup>61</sup> By comparison, approximately one third (30%) of West Virginian transition age youth are placed in a family-based setting (including pre-adoptive, relative, and non-relative homes), versus approximately half (47%) of transition age youth nationally. In her deposition, DHHR Director Carla Harper reported that there are “foster homes that take older adolescents,” but was unclear on how many.<sup>62</sup> Ms. Harper later asserted that juvenile justice-involved youth may be required to be placed in congregate care by court order. However, she was unable to provide a breakdown of how many youth were justice-involved and court ordered to be placed in congregate care, versus how many transition age foster youth were placed in congregate care due to insufficient availability of kinship or foster homes, versus how many transition age foster youth were placed in congregate care due to that being the most appropriate placement to address their mental health needs, per team assessment.<sup>63</sup>

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<sup>59</sup> Harper. Dep. 254:24-155:6, June 30, 2020.

<sup>60</sup> Harper. Dep. 296:19-23, June 30, 2020.

<sup>61</sup> Annie E. Casey Foundation. “2018 West Virginia Profile Transition-Age Youth in Foster Care” (Baltimore, MD, 2018), <https://www.aecf.org/m/resource/doc/westvirginia-fosteringyouthtransitions-2018.pdf>.

<sup>62</sup> Harper. Dep. p. 275:14-20, June 30, 2020.

<sup>63</sup> Harper. Dep. p. 347:13-348:11, June 30, 2020.

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The shortages of foster homes claimed by West Virginia DHHR does occur to some degree across the nation, yet there is a significant overuse of congregate care in West Virginia despite a widespread acceptance amongst child welfare experts and child welfare systems that congregate care is generally a poor environment in which children should grow up.<sup>64</sup> Several decades of research indicate that congregate care is more expensive, less effective at meeting children's needs, and more harmful to children than family settings for the vast majority of foster children.<sup>65</sup> <sup>66</sup> Due to these well-documented concerns, federal funding for congregate care will be significantly reduced following passage of the Family First Prevention Services Act.<sup>67</sup> Given DHHR's heavy reliance on congregate care and congregate care's documented poor outcomes, it is not surprising that West Virginian foster system alumni would be ill-prepared for adulthood when they age out of care.<sup>68</sup> This is especially true given Ms. Harper's testimony that she did not know whether institutions that DHHR contracts with provide independent living services.<sup>69</sup>

## IX. Child Welfare Failures as Related to Substance Use in West Virginia

Multiple reports suggest that the failures of the foster care system in West Virginia to meet children's needs are driven by substance use rates. Indeed, West Virginia continues to have the highest rate of drug overdose death in the nation.<sup>70</sup> The Youth in Foster Care Placements Point in

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<sup>64</sup> Mary Dozier et al., "Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association," *The American Journal of Orthopsychiatry* 84, no. 3 (May 2014): 219–25, <https://doi.org/10.1037/ort0000005>.

<sup>65</sup> Richard P Barth, "Institutions vs. Foster Homes: The Empirical Base for the Second Century of Debate" (Chapel Hill, NC: UNC School of Social Work Jordan Institute for Families, 2002), <https://bettercarenetwork.org/sites/default/files/Institutions%20vs%20Foster%20Homes.pdf>.

<sup>66</sup> Bethany R. Lee et al., "Outcomes of Group Care for Youth: A Review of Comparative Studies," *Research on Social Work Practice* 21, no. 2 (March 1, 2011): 177–89, <https://doi.org/10.1177/1049731510386243>.

<sup>67</sup> Zach Tilly, "Family First Prevention Services Act," *Children's Defense Fund* (blog), accessed May 21, 2019, <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/>.

<sup>68</sup> Annie E. Casey Foundation. "2018 West Virginia Profile Transition-Age Youth in Foster Care" (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

<sup>69</sup> Harper. Dep. 182:10-184:21, June 30, 2020.

<sup>70</sup> U.S. Centers for Disease Control and Prevention, "Drug Overdose Deaths in the United States, 1999-2018," Data Briefs, January 2020, <https://www.cdc.gov/nchs/products/databriefs/db356.htm>.

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Time Report indicates a steady increase in the number of youth in the custody of the state: a 46% increase between October 2014 and October 2017.<sup>71</sup> Substance use has clearly been identified as a driver of foster care entry, yet development of evidence-based prevention of and treatment for substance use among parents does not appear to have been a major focus in West Virginia. It would appear to an outside observer that reducing substance use would be a priority in order to stabilize foster care entries, yet for years this has not been the case.

## **X. Appropriateness of Service Array for Transition Age Youth**

West Virginia's 2020 Child and Family Services Plan details a number of services that are available for transition age foster youth in West Virginia.<sup>72</sup> These include a life skills assessment; transition plan and services; transitional living placement with subsidy; employment programs; the Helping Our Undergraduates Succeed in Education (H.O.U.S.E.) project, which allows transitioning youth who are first-time freshman at West Virginia State University to live in a H.O.U.S.E. project, a small, supervised house on the campus for students who may need a gradual introduction to college life and support services; foster care tuition waiver; the Computers for Graduates program, which provides computer for youth who graduate from high school or complete a high school equivalency exam while in foster care; mentoring; conferences for youth in foster care to interact with positive adult role models; post-secondary education student support services; community support services; and transition from high school to post-secondary education support programs. The evidence-base of these approaches is unclear, and whether or not they are effective will need to be evaluated. For example, the H.O.U.S.E. Project sounds like a wonderful idea. However, many foster youth do not enter a four year university as freshman, instead

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<sup>71</sup> D005879, 881.

<sup>72</sup> D003816.

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benefitting from a transitional step after high school and attending community college. Other than limited high school mentorship and the underfunded MODIFY program, there do not appear to be any targeted programs to support such a transitional step to aid West Virginian current and former foster youths' transition to community college. Unfortunately, an initiative by KVC Health Systems naming DHHR as a partner to create a community college campus specifically for current and former foster youth in Montgomery, West Virginia was shuttered in 2019 after failing to receive the "public and private financial support to successfully launch the initiative" despite "verbal support for the project [that was] exceptionally high."<sup>73</sup> None of the interventions being used in West Virginia are listed under the evidence-based Youth Transitioning into Adulthood Programs section of the California Evidence-Based Clearinghouse for Child Welfare.<sup>74</sup> Without information reported on the overall approach to serving transition aged youth and evaluation of each component, it is not possible to tell whether these services will be helpful. Additionally, given DHHR's caseworker vacancy rates and retention issues, it is questionable whether caseworkers are engaging in the necessary case management and referring transition age youth to these services. Again, the poor performance of West Virginia's former foster youth at age twenty one relative to other foster youth in the United States indicates that the current approach to care is failing to meet youths' needs and creating a risk of harm.<sup>75</sup>

## **XI. Conclusion**

In conclusion, DHHR has failed to adequately care for its transition age foster youth and prepare them for independence, thereby putting them at risk of harm. Tellingly, former foster youth

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<sup>73</sup> "KVC Health Systems Shares Update on College Campus in Montgomery, WV," KVC Health Systems, February 28, 2019, <https://www.kvc.org/blog/college-campus-update/>.

<sup>74</sup> California Evidence-based Clearinghouse for Child Welfare, "Youth Transitioning Into Adulthood," n.d., <https://www.cebc4cw.org/topic/youth-transitioning-into-adulthood/>.

<sup>75</sup> Annie E. Casey Foundation. "2018 West Virginia Profile Transition-Age Youth in Foster Care" (Baltimore, MD, 2018), <https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf>.

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from West Virginia are less likely to achieve a range of positive outcomes in employment, education, and housing, and more likely to experience young parenthood, than the general population of former foster youth in the United States who age out of care. Based on current policies, practices, and outcomes, West Virginia DHHR operates a system that fails to meet its stated goals for children, with its pattern of failing to address safety, permanency, and well-being of transition age youth.



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## Appendix A: Considered Materials

Document	Bates No. (If Applicable)
Class Action Complaint	
Annotated Code of West Virginia, ch. 49 Child Welfare (2015)	D000003
West Virginia Judicial Benchbook Child Abuse and Neglect Proceedings (2019)	D000403
West Virginia Adoption Policy (2018)	D000924
West Virginia Child Protective Services Policy (2019)	D001010
West Virginia Foster Care Policy (2019)	D001299
West Virginia Title IV-E Eligibility Policy Manual (2019)	D001600
West Virginia Homefinding Policy Manual (2019)	D001643
West Virginia Youth Services Policy (2019)	D001846
West Virginia Older Youth Transition Plan	D001929
U.S. Department of Children and Families, Child and Family Services Reviews, West Virginia, Final Report (2017)	D003776
West Virginia 2019 Child and Family Services Plan (2019)	D003816
Advancing New Outcomes: Findings, Recommendations, and Actions, Commission to Study Residential Placement of Children (2019)	D005555
Youth in Foster Care, Point in Time (2018)	D005879
Safe at Home West Virginia Title IV-E Waiver Evaluation Plan (2015)	D006696
Safe at Home WV Semi-Annual Progress Report October 1 2018-April 30, 2019 (2019)	D130274
Amy Dworsky and Mark E. Courtney, "The Risk of Teenage Pregnancy among Transitioning Foster Youth: Implications for Extending State Care beyond Age 18," <i>Children and Youth Services Review</i> 32, no. 10 (October 1, 2010): 1351–56, <a href="https://doi.org/10.1016/j.chillyouth.2010.06.002">https://doi.org/10.1016/j.chillyouth.2010.06.002</a>	
Bryn King et al., "A Cross-Sectional Examination of Birth Rates among Adolescent Girls in Foster Care," <i>Children and Youth Services Review</i> 36 (January 1, 2014): 179–86, <a href="https://doi.org/10.1016/j.chillyouth.2013.11.007">https://doi.org/10.1016/j.chillyouth.2013.11.007</a>	
Sarah A. Font, Maria Cancian, and Lawrence M. Berger, "Prevalence and Risk Factors for Early Motherhood Among Low-Income, Maltreated, and Foster Youth," <i>Demography</i> , December 5, 2018, <a href="https://doi.org/10.1007/s13524-018-0744-x">https://doi.org/10.1007/s13524-018-0744-x</a> .	
Mark E. Courtney, Jennifer L. Hook, and JoAnn S. Lee, "Distinct Subgroups of Former Foster Youth during Young Adulthood: Implications for Policy and Practice," <i>Child Care in Practice</i> 18, no. 4 (October 1, 2012): 409–18, <a href="https://doi.org/10.1080/13575279.2012.718196">https://doi.org/10.1080/13575279.2012.718196</a> ;	
Amy Dworsky, "Child Welfare Services Involvement among the Children of Young Parents in Foster Care," <i>Child Abuse &amp; Neglect</i> 45 (July 1, 2015): 68–79, <a href="https://doi.org/10.1016/j.chabu.2015.04.005">https://doi.org/10.1016/j.chabu.2015.04.005</a> .	

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Annie E. Casey Foundation, “Fostering Youth Transitions” (Baltimore, MD, 2018), <a href="https://www.aecf.org/resources/fostering-youth-transitions/">https://www.aecf.org/resources/fostering-youth-transitions/</a> .	
Annie E. Casey Foundation, “2018 West Virginia Profile Transition age Youth in Foster Care” (Baltimore, MD, 2018), <a href="https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf">https://www.aecf.org/m/resourcedoc/westvirginia-fosteringyouthtransitions-2018.pdf</a> .	
“MODIFY Coverage Map   Center for Excellence in Disabilities,” accessed June 10, 2020, <a href="http://modify.cedwvu.org/modify-coverage-map/">http://modify.cedwvu.org/modify-coverage-map/</a> .	
“MODIFY   Center for Excellence in Disabilities,” accessed May 18, 2020, <a href="http://modify.cedwvu.org/">http://modify.cedwvu.org/</a> .	
Mary Dozier et al., “Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association,” <i>The American Journal of Orthopsychiatry</i> 84, no. 3 (May 2014): 219–25, <a href="https://doi.org/10.1037/ort0000005">https://doi.org/10.1037/ort0000005</a> .	
“KVC Health Systems Shares Update on College Campus in Montgomery, WV,” KVC Health Systems, February 28, 2019, <a href="https://www.kvc.org/blog/college-campus-update/">https://www.kvc.org/blog/college-campus-update/</a> .	
California Evidence-based Clearinghouse for Child Welfare, “Youth Transitioning Into Adulthood,” n.d., <a href="https://www.cebc4cw.org/topic/youth-transitioning-into-adulthood/">https://www.cebc4cw.org/topic/youth-transitioning-into-adulthood/</a> .	
Deposition for Carla Harper, West Virginia DHHR Children and Adult Services Director, June 30, 2020.	

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## Curriculum Vitae

Notarization. I have read the following and certify that this *curriculum vitae* is a current and accurate statement of my professional record.

Signature



Date 6/6/2020

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### **I. Personal Information**

Name: Aparicio, Elizabeth Marie

Address: University of Maryland

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Email: [aparicio@umd.edu](mailto:aparicio@umd.edu)

Faculty Website: <https://sph.umd.edu/people/elizabeth-aparicio>

Lab Website: <https://sph.umd.edu/CommunityTHRIVES>

Google Scholar Profile: [https://scholar.google.com/citations?user=Un1LI\\_cAAAAJ&hl=en](https://scholar.google.com/citations?user=Un1LI_cAAAAJ&hl=en)

### **I.A. Academic Appointments at UMD**

3/2020 – Deputy Director for Clinical Training and Intervention, University of Maryland Prevention Research Center

9/2019 – Co-Investigator and Core Research Scientist, University of Maryland Prevention Research Center

8/2017 – Director, Community THRIVES Lab

8/2017 – Assistant Professor, Department of Behavioral and Community Health

### **I.B. Other Employment**

3/2020 – Expert Witness, Foster Youth Aging out of Foster Care, A Better Childhood

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8/2014-7/2017	Assistant Professor, University of Hawai‘i Myron B. Thompson School of Social Work (Honolulu, HI)
8/2012-7/2014	Buffering Toxic Stress through Attachment Based Intervention Site Supervisor/Graduate Research Assistant, University of Maryland School of Social Work
8/2011-7/2012	Graduate Research Assistant, University of Maryland School of Social Work
8/2009-7/2011	Pre-Doctoral Fellow, Center for Maternal and Child Health Social Work (now, Center for Public Health Social Work Education & Training), University of Maryland School of Social Work
1/2009-05/2014	Clinical Social Worker (LCSW-C), Mental Health Private Practice (Rockville & Silver Spring, MD)
8/2007-8/2009	Early Childhood Specialist, Early Childhood Mental Health Consultant, & Clinical Social Worker (LCSW-C), Jewish Social Service Agency (Rockville, MD)
6/2005-8/2007	Teen Mother-Baby Residential Program Social Worker (for Foster Youth and their Children), St. Ann’s Center for Children, Youth, & Families (Hyattsville, MD)

**I.C. Educational Background**

2014	PhD, University of Maryland School of Social Work
2005	MSW, Catholic University of America
2004	BA, Catholic University of America (Magna Cum Laude, Phi Beta Kappa)

**I.D. Professional Certifications, Licenses, and Memberships**

Licensed Certified Social Worker-Clinical, Maryland (inactive status)  
Member, American Public Health Association  
Member, Society for Prevention Research  
Member, Society for Research in Child Development  
Member, Society for Social Work and Research

**II. Research, Scholarly, Creative and/or Professional Activities**

H-Index: 10

i10-Index: 11

Source: Google Scholar [https://scholar.google.com/citations?user=Un1LI\\_cAAAAJ&hl=en](https://scholar.google.com/citations?user=Un1LI_cAAAAJ&hl=en)

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## **II.A. Chapters**

### **II.A.1. Books**

1. Childress, S., **Aparicio, E. M.**, & Messing, J. (2019). Domestic violence in Kyrgyzstan: Finding a voice of strength and empowerment. In K. Zaleski, A., Enrile, E.L. Weiss, & X. Wang (Eds.), *Women's journey to empowerment in the 21<sup>st</sup> century: A transnational feminist analysis of women's lives in modern times*. New York, NY: Oxford University Press.
2. Jones Harden, B., Aguilar, E., Cruz, C., & **Aparicio, E.** (2015). Promoting positive parenting: Infant mental health intervention with high-risk families. In C. LeCroy & E. Anthony (Eds.), *Case studies in child, adolescent, and family treatment* (2nd ed.). 219-235. Hoboken, NJ: John Wiley & Sons.

## **II.B. Refereed Journals**

### **II.B.1. Refereed Journal Articles**

(\*co-authored with my student/s; +co-authored with my community partner/s)

1. \*+Salerno, J.P., Kachingwe, O.N., Fish, J., Parekh, E., Geddings-Hayes, M., Boekeloo, B.O., & **Aparicio, E.M.** (In Press). "Even if you think you can trust them, don't trust them": The lived experience of sexual health among sexual minority girls in foster care. *Children and Youth Services Review*.
2. \*+Kachingwe, O.N., Salerno, J.P., Boekeloo, B., Fish, J., Geddings-Hayes, M., Aden, F., & **Aparicio, E.M.** (In Press). "The internet is not private:" The role of social media in sexual health of foster youth. *Journal of Adolescence*.
3. \***Aparicio, E.M.**, Kachingwe, O.N., Fleishman, J., & Novick, J. (In Press). How youth experiencing homelessness access and select birth control in the United States: A review. *Health and Social Work*.
4. \*Salerno, J., Turpin, R., Howard, D., Dyer, T., **Aparicio, E.M.** & Boekeloo, B. (In Press). Health care experiences of Black men who have sex with men and transgender women: A qualitative study. *Journal of the Association of Nurses in AIDS Care*.
5. Martoccio, T., Berlin, L., **Aparicio, E. M.**, Appleyard Carmody, K., & Dodge, K. (2020). Intergenerational continuity in child maltreatment: Explicating underlying mechanisms. *Journal of Interpersonal Violence*. Advance online publication.
6. Shpiegel, S., **Aparicio, E.M.**, King, B., Prince, D., Lynch, J., & Grinnell-Davis, C. (2020). The functional patterns of adolescent mothers leaving foster care: Results from a cluster analysis. *Child and Family Social Work*, 25, 478-487.
7. \*+**Aparicio, E.M.**, Kachingwe, O.N., Phillips, D.R., Fleishman, J., Novick, J., Okimoto, T., Cabral, M.P., Ka'opua, L.S., Childers, C., Espero, J. & Anderson, K. (2019). Holistic, trauma-informed adolescent pregnancy prevention and sexual health promotion for female youth experiencing homelessness: Initial outcomes of Wahine Talk. *Children and Youth Services Review*, 107, 104509.
8. King, B., Eastman, A., Grinnell-Davis, C., & **Aparicio, E.** (2019). Early childbirth among foster youth: A latent class analysis to determine subgroups

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at greater risk. *Perspectives on Sexual and Reproductive Health*. Advance online publication. doi:10.1363/psrh.12124

9. Vanidestine, T., & **Aparicio, E.M.** (2019). How social welfare and health professionals understand “race,” racism, and whiteness in health disparities discourse: A social justice approach to grounded theory. *Social Work in Public Health*, 34(5), 430-443.

10. \*+Kachingwe, O.N., Anderson, K., Houser, C., Fleishman, J., Novick, J., Phillips, D.R., & **Aparicio, E.M.** (2019). “She was there through the whole process:” Exploring how homeless youth access and select birth control. *Children and Youth Services Review*, 101, 277-284.

11. Massey Combs, K., **Aparicio, E.M.**, Prince, D.M., Grinnell-Davis, C., Marra, L., & Faulkner, M. (2019). Evidence-based sexual health programs for youth involved with juvenile justice and child welfare systems: Outcomes across settings. *Children and Youth Services Review*, 100, 64-69.

12. **Aparicio, E.M.**, Shpiegel, S., Grinnell-Davis, C., & King, B. (2019). “My body is strong and amazing:” Embodied experiences of pregnancy and birth among young women in foster care. *Children and Youth Services Review*, 98, 199-205.

13. \*+**Aparicio, E.M.**, Rodrigues, E., Birmingham, A., & Houser, C. (2019). Dual experiences of teenage parenting and homelessness among Native Hawaiian youth: A critical interpretative phenomenological analysis. *Child and Family Social Work*, 24, 330-339.

14. \*+**Aparicio, E.M.**, Phillips, D.R., Okimoto, T., Cabral, M.P., Houser, C., & Anderson, K. (2018). Youth and provider perspectives of Wahine Talk: A holistic teen pregnancy prevention program developed with and for homeless youth. *Children and Youth Services Review*, 93, 467-473.

15. **Aparicio, E.M.**, Gioia, D., & Pecukonis, E.V. (2018). “I can get through this and I will get through this”: The unfolding journey of teenage motherhood in and beyond foster care. *Qualitative Social Work*, 17(1), 96-114.

16. West, A., **Aparicio, E.**, Berlin, L., & Jones Harden, B. (2017). Home visitors’ perceptions of supplementing Early Head Start with the Attachment and Biobehavioral Catch-up Program: Implications for implementation. *Infant Mental Health Journal*, 38(4), 514-522.

17. **Aparicio, E.M.** (2017). “I want to be better than you”: Lived experiences of intergenerational child maltreatment prevention among teenage mothers in and beyond foster care. *Child and Family Social Work*, 22, 607-616.

18. Stephens, T. & **Aparicio, E.M.** (2017). “It’s just broken branches:” Child welfare-affected mothers’ dual experiences of insecurity and striving for resilience in the aftermath of complex trauma and familial substance abuse. *Children and Youth Services Review*, 37, 248-256.

19. **Aparicio, E.M.**, Denmark, N., Berlin, L., & Jones Harden, B. (2016). First generation Latina mothers’ experiences of supplementing home-based Early Head Start with the Attachment and Biobehavioral Catch-up program. *Infant Mental Health Journal*, 37(5), 537-548.

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20. \***Aparicio, E.M.**, Vanidestine, T., Zhou, K., & Pecukonis, E.V. (2016). Teen pregnancy in Latino communities: Young adult perspectives and experiences of sociocultural context. *Families in Society*, 97(1), 50-57.
21. **Aparicio, E.**, Pecukonis, E. V., & O'Neale, S. (2015). "The love that I was missing:" Exploring the lived experience of motherhood among teen mothers in foster care. *Children and Youth Services Review*, 51, 44-54.
22. \***Aparicio, E.**, Pecukonis, E. V., & Carper, K. (2014). Sociocultural factors of teenage pregnancy in Latino communities: Preparing social workers for culturally-responsive practice. *Health and Social Work*, 39(4), 238-243.
23. Acquavita, S., Gibbons, M., **Aparicio, E.**, & Pecukonis, E.V. (2014). Student perspectives on interprofessional education: Overcoming barriers and increasing effectiveness of interdisciplinary experiences. *Journal of Allied Health*, 23(2).
24. Pecukonis, E., Doyle, O., Acquavita, S., **Aparicio, E.**, Gibbons, M., & Vanidestine, T. (2013). Interprofessional leadership training in MCH social work. *Social Work in Health Care*, 52(7). doi: 10.1080/00981389.2013.792913
25. **Aparicio, E.**, Michalopoulos, L.M., & Unick, G.J. (2013). An examination of the psychometric properties of the vicarious trauma scale in a sample of licensed social workers. *Health and Social Work*, 38(4), 199-206.
26. Bellin, M.H., Osteen, P., Zabel, T. A., Dosa, N., **Aparicio, E.**, Braun, P., & Dicianno, B. (2013). Family satisfaction, pain, and quality of life in emerging adults with spina bifida: A longitudinal analysis. *American Journal of Physical Medicine and Rehabilitation*, 92(8), 641-655.
27. Bellin, M.H., Dosa, N., Zabel, T. A., **Aparicio, E.**, Dicianno, B., & Osteen, P. (2012). Family functioning, self-management and the trajectory of psychological symptoms in emerging adults with spina bifida. *Journal of Pediatric Psychology*, advance access September 12, 2012, 1-13.
28. Michalopoulos, L.M., & **Aparicio, E.** (2012). Vicarious trauma in social workers: The role of trauma history, social support, and years of experience. *Journal of Aggression, Maltreatment, and Trauma*, 21(6), 646-664.

## **II.B.2. Refereed Journal Articles Under Review**

(\*co-authored with my student/s; +co-authored with my community partner/s)

1. \*Channell Doig, A., Jaszynski, M., Fleishman, J., & Aparicio, E.M. (2019). *Breastfeeding among mothers with a maternal history of child maltreatment: A review*. Manuscript under review.
2. \*+**Aparicio, E.M.**, Kachingwe, O.N., Phillips, D.R., Jaszynski, M., Cabral, M.K., Aden, F., Parekh, E., Espero, J., & Childers, C. (2019). "Having a baby can wait: Experiences of a sexual and reproductive health promotion program in the context of youth homelessness captured through PhotoVoice." Manuscript under review.
3. \*+Garney, W.R., Nelson, J.L., Phillips, D.R., Wilson, K.L., Garcia, K., Anderson, K., Espero, J., Patterson, M.S., & **Aparicio, E.M.** (2019, March). *Utilization of social network analysis to understand how peer networks share*

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*sexual health information among homeless, female youth.* Manuscript under review.

4. \*+**Aparicio, E.M.**, Kachingwe, O.N., Salerno, J.P., Geddings-Hayes, M., & Boekeloo, B.O. (2018). *Addressing sexual health among youth in foster care: A community-engaged grounded theory model.* Manuscript under review.

### **II.B.3. Refereed Journal Articles in Preparation**

(\*co-authored with my student/s; +co-authored with my community partner/s)

1. \*+**Aparicio, E.M.**, Channell Doig, A., Jasczynski, M., Robinson, J., Lee, K., Huq, M., Phillips, D.R., Hillig, E., & Jones, G. (2020). *Mental health and parenting needs of young, maltreated mothers.* Manuscript in preparation.
2. \*+Jasczynski, M., Phillips, D.R., Lee, K., Kachingwe, O., Cabral, M.K., Huq, M., Childers, C., Chavez, R., Tellei, J., & Aparicio, E.M. (2020). *Youth-friendly sexual and reproductive healthcare with female youth experiencing homelessness.* Manuscript in preparation.
3. Huq, M., Phillips, D.R., Cabral, M.K., Childers, C., Chavez, R., Tellei, J., & Aparicio, E.M. (2020). *A qualitative study of factors facilitating access to housing in the context of a sexual and reproductive health program for youth experiencing homelessness.* Manuscript in preparation.
4. \*+Aparicio, E.M., Phillips, D.R., Kachingwe, O.N., Jasczynski, M., Cabral, M.K., Huq, M., Parekh, E., Lee, K., Hillig, E., Childers, C., Chavez, R., & Tellei, J. (2020) *Longitudinal contraception outcomes following a holistic sexual health intervention for youth experiencing homelessness.* Manuscript in preparation.
5. \*+**Aparicio, E.M.**, Salerno, J.P., Kachingwe, O.N., Geddings-Hayes, M., & Boekeloo, B.O. (2019). *Preparing the social work workforce to address sexual health among foster youth: Youth and professionals' perspectives.* Manuscript in preparation.
6. \*+Nelon, J.L., Garney, W.R., Kachingwe, O.N., **Aparicio, E.M.**, Wilson, K.L., Garcia, K., & Anderson, K. (2019, March). *Utilization of social network analysis to understand birth control uptake in youth who experience homelessness.* Manuscript in preparation.
7. Shpiegel, S., **Aparicio, E. M.**, Grinnell-Davis, C., & Prince, D. (2016). *Sexual risk behavior among adolescents in foster care: The impact of sexual orientation.* Manuscript in preparation.
8. \*+**Aparicio, E. M.**, Wey, A., Spellman, C., Foster, A., Keaunui, K., Porter, H. H., McKenzie, P., Ka‘opua, L.I. (2015). *The sociocultural context of teenage pregnancy in Native Hawaiian communities: A mixed method analysis of birth timing predictors and youth perspectives.* Manuscript in preparation.

### **II.C. Conferences, Workshops, and Talks**

#### **II.C.1. Invited Talks**

1. **Aparicio, E.M.** & Chavez, R. (2020, May). *Engaging youth experiencing homelessness in film and PhotoVoice.* OPA Virtual Expo. U.S. Department of Health and Human Services, Office of Population Affairs; Washington, D.C.

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2. **Aparicio, E.M.** (2020, March). *Grantee showcase: Wahine Talk*. U.S. Department of Health and Human Services, Office of Population Affairs; Washington, D.C.
3. **Aparicio, E.M.** (2019, February). *Using end-user feedback to improve your teen pregnancy prevention program*. U.S. Department of Health and Human Services, Office of Adolescent Health, Teen Pregnancy Prevention Program 2018 Tier 2 Phase 1 Group Call; Washington, D.C.
4. **Aparicio, E.M.** (2018, March). *New beginnings: transformative community-engaged research with homeless, foster, and parenting youth*. Children and Youth Policy Division, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services; Washington, D.C.
5. **Aparicio, E.** (2018, February). *New beginnings: transformative community-engaged research with homeless, foster, and parenting youth*. University of Maryland Center for Health Equity Collegium of Scholars; College Park, MD.

### II.C.2. Refereed Presentations

(\*co-authored with my student/s; +co-authored with my community partner/s)

1. \*+Aparicio, E.M., Phillips, D.R., Kachingwe, O.N., Jasczynski, M., Cabral, M.K., Huq, M., Parekh, E., Lee, K., Childers, C., & Espero, J. *Longitudinal contraception uptake outcomes to 12 months following a holistic sexual health intervention for youth experiencing homelessness*. Oral presentation at the Society for Prevention Research 2020 Annual Meeting; Washington, D.C. (Conference cancelled – COVID-19)
2. \*+Channell Doig, A. Jasczynski, M., Phillips, D.R., Aden, F., Huq, M., Lee, K., Jones, G., & Aparicio, E.M. (2020, May). *Addressing substance use among maltreated young mothers to prevent intergenerational child maltreatment transmission: Experiences of child welfare social workers*. Oral presentation at the Society for Prevention Research 2020 Annual Meeting; Washington, D.C. (Conference cancelled – COVID-19)
3. \*+Phillips, D.R., Kachingwe, O.N., Cabral, M.K., Childers, C., Anderson, K., Espero, J., Jasczynski, M., Aden, F., & **Aparicio, E.M.** (2020, January). *“Having a baby can wait”: A mixed-method analysis of homeless youth experiences and longitudinal uptake outcomes following holistic sexual health intervention*. Oral presentation at the Society for Social Work and Research 24<sup>th</sup> Annual Conference; Washington, D.C.
4. \*Kachingwe, O.N., Fleishman, J., Novick, J., & Aparicio, E.M. (2020, January). *Birth control access and selection among homeless youth in the United States: A review*. Oral presentation at the Society for Social Work and Research 24<sup>th</sup> Annual Conference; Washington, D.C.
5. \*+**Aparicio, E.M.**, Kachingwe, O.N., Phillips, D.R., Jasczynski, M., Cabral, M.K., Aden, F., Parekh, E., Childers, C., & Anderson, K. (2019, November). *Trauma-informed sexual health intervention for homeless youth*. Oral presentation at the American Public Health Association’s 2019 Annual Meeting; Philadelphia, PA.

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6. \*+Kachingwe, O.N., Boekeloo, B.O., Salerno, J.P., Geddings-Hayes, M., & **Aparicio, E.M.** (2019, May). *Sexual health needs among youth in foster care: A grounded theory model*. Oral presentation at the Society for Prevention Research 27<sup>th</sup> Annual Meeting; San Francisco, CA.
7. \*+**Aparicio, E.M.**, Anderson, K., Kachingwe, O.N., Phillips, D.R., Cabral, M.K., Fleishman, J., & Novick, J. (2019, January). *Trauma-informed sexual health intervention for homeless youth*. Oral presentation at the Society for Social Work and Research 23<sup>rd</sup> Annual Conference; San Francisco, CA.
8. King, B., Eastman, A.L., **Aparicio, E.M.**, Smith, R., & Grinnell-Davis, C. (2019, January). *Pregnancy during foster care: placement trajectories among foster youth who give birth as adolescents*. Oral presentation at the Society for Social Work and Research 23<sup>rd</sup> Annual Conference; San Francisco, CA.
9. Massey Combs, K., **Aparicio, E.M.**, Prince, D.M., Grinnell-Davis, C., & Faulkner, M. (2019, January). *Evidence-based sexual health programs for youth involved with juvenile justice and child welfare systems: Outcomes across settings*. Oral presentation at the Society for Social Work and Research 23<sup>rd</sup> Annual Conference; San Francisco, CA.
10. Spiegel, S., King, B., **Aparicio, E.M.**, & Grinnell-Davis, C. (2019, January). *The relationship between disconnection from school and employment and early parenthood among foster youth*. Oral presentation at the Society for Social Work and Research 23<sup>rd</sup> Annual Conference; San Francisco, CA.
11. \*+**Aparicio, E.M.**, Birmingham, A., Rodrigues, E. & Houser, C. (2018, January). *“They never raised me up:” Dual experiences of teenage parenting and homelessness among Native Hawaiian youth*. In Aparicio, E.M. (chair) *Parenting in the wake of violence and trauma*. Symposium conducted at the Society for Social Work and Research 22<sup>nd</sup> Annual Conference; Washington, D.C.
12. King, B., **Aparicio, E.M.**, Dworsky, A., Massey, K., Shpiegel, S., Grinnell-Davis, C., Smith, R., Faulkner, M., & Lane Eastman, A. (2018, January). *Early pregnancy and parenting among foster youth: A national discussion to inform research, practice, and policy*. Roundtable presented at the Society for Social Work and Research 22<sup>nd</sup> Annual Conference; Washington, D.C.
13. \*+**Aparicio, E.M.**, Wey, A., Spellman, C., Foster, A., Keaunui, K., Porter, H., & McKenzie, P. (2017, November). *Sociocultural context of teenage pregnancy in Native Hawaiian communities: A mixed method analysis of population-level predictors and youth perspectives*. Paper presented at the American Public Health Association National Conference; Atlanta, GA.
14. Smith, R. & **Aparicio, E.M.** (2017, October). *“If you don’t ask, I’m not telling you anything”: What works when engaging in real talk with foster youth around dating and sexual behaviors*. Roundtable Presentation at the Healthy Teen Network Annual Conference; Baltimore, MD.
15. **Aparicio, E.M.**, Shpiegel, S., & Grinnell-Davis, C. (2017, January). *“My body is strong and amazing”: An interpretative phenomenological analysis of embodied experiences of pregnancy and birth among foster youth*. Paper presented at the Society for Social Work and Research 21<sup>st</sup> Annual Conference; New Orleans, LA.

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16. Shpiegel, S., **Aparicio, E.M.**, Grinnell-Davis, C., & Prince, D. (2017, January). *Sexual risk behaviors among adolescents in foster care: The impact of sexual orientation*. Paper presented at the Society for Social Work and Research 21<sup>st</sup> Annual Conference; New Orleans, LA.
17. Stephens, T. & **Aparicio, E.M.** (2017, January). “*It’s just broken branches*”: *Maternal dual experiences of insecurity and striving for resilience in the aftermath of complex trauma and familial substance abuse*. Paper presented at the Society for Social Work and Research 21<sup>st</sup> Annual Conference; New Orleans, LA.
18. **Aparicio, E.** (2016, January). *Examining the social ecological context of teenage birth among Native Hawaiian youth*. Paper presented at the Society for Social Work and Research 20<sup>th</sup> Annual Conference; Washington, DC.
19. **Aparicio, E.** (2016, January). “*I want to be better than you*:” *Exploring experiences of teen mothers in foster care working to break the cycle of child maltreatment*. Paper presented at the Society for Social Work and Research 20<sup>th</sup> Annual Conference; Washington, DC.
20. **Aparicio, E.** (2015, October). *At a distance: Bolstering social work practice across the miles*. Teaching Methods Workshop presented at the 61<sup>st</sup> Annual Program Meeting of the Council on Social Work Education; Denver, CO.
21. West, A., Berlin, L., Jones Harden, B., & **Aparicio, E.** (2015, May). *Real-world sustainability of Early Head Start + parenting: Home visitors’ strengths, needs, and perceptions*. Paper symposium presented at the 2015 Society for Prevention Research 23rd Annual Meeting; Washington, DC.
22. Berlin, L., Appleyard, K., **Aparicio, E.**, & Dodge, K. (2013, April). *Predicting and preventing early maltreatment: Leveraging mothers’ own parenting histories and early parenting behaviors*. Paper presented at the Society for Research on Child Development Biennial Conference; Seattle, Washington.
23. Vanidestine, T., **Aparicio, E.**, & O'Reilly, N. (2012, November). *Social work education and infusing racial justice content: Qualitative research curriculum development*. Teaching Methods and Learning Styles Workshop presented at the 58<sup>th</sup> Annual Program Meeting of the Council on Social Work Education; Washington, DC.
24. Michalopoulos, L. M., & **Aparicio, E.** (2011, September). *Vicarious trauma in social workers: The role of trauma history, social support, and years of experience*. Paper presented at the 16<sup>th</sup> Annual Conference on Violence, Abuse and Trauma; San Diego, CA.
25. **Aparicio, E.**, Gibbons, M. A., & Pecukonis, E. (2010, October). *Creating tomorrow’s leaders: An innovative mentoring program for MSW and PhD students*. Teaching Methods and Learning Styles Workshop presented at the 56<sup>th</sup> Annual Program Meeting of the Council on Social Work Education; Portland, OR.
26. Bellin, M. H., **Aparicio, E.**, & Neely-Barnes, S. (2010, October). *Social work education in developmental disabilities: Curriculum development and infusion*. Curriculum and Administrative Workshop at the 56<sup>th</sup> Annual Program Meeting of the Council on Social Work Education; Portland, OR.

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### II.C.3. Refereed Posters

(\*co-authored with my student/s; +co-authored with my community partner/s)

1. \*Channell Doig, A. Jaszynski, M., Fleishman, J., Aparicio, E.M. (2020, July). New Perspectives on Breastfeeding: A review of the role of trauma among mothers with a history of child maltreatment. Accepted for poster presentation at the Society for Nutrition Education and Behavior's 2020 Annual Meeting; San Diego, CA.
2. \*+**Aparicio, E.M.**, Cabral, M.K., Kachingwe, O.N., Phillips, D.R., Jaszynski, M., Aden, F., Parekh, E., Childers, C., & Anderson, K. (2019, November). *"Life's too short. Hold your family close." Experiences of a holistic sexual health program in the context of youth homelessness.* Poster presentation at the American Public Health Association's 2019 Annual Meeting; Philadelphia, PA.
3. \*+Kachingwe, O.N., Salerno, J.P., Boekeloo, B.O., Fish, J.N., Geddings-Hayes, M., Aden, F., & **Aparicio, E.M.** (2019, November). "The internet is not private": The role of social media in sexual health among youth in foster care. Poster presentation at the American Public Health Association Annual Meeting and Expo; Philadelphia, PA.
4. \*+Salerno, J.P., Kachingwe, O., Boekeloo, B., Fish, J., Geddings-Hayes, M., Aparicio, E. (2019, June). *Feeling unsafe and threatened: An interpretative phenomenological analysis of the sexual health needs of lesbian and bisexual girls in foster care.* Poster Presentation at the 2019 National LGBTQ Health Conference; Atlanta, GA
5. King, B., Eastman, A., Grinnell-Davis, C., & **Aparicio, E. M.** (2019, May). *Early childbirth among maltreated foster youth: A latent class analysis to determine subgroups at greater risk.* Poster presentation at the Society for Prevention Research 27<sup>th</sup> Annual Meeting; San Francisco, CA.
6. \*Nelon, J.L., Garney, W.R., **Aparicio, E.M.**, Patterson, M.S., Kachingwe, O.N., Wilson, K.L., Garcia, K., & Anderson, K. (2019, March). *Utilization of social network analysis to understand relationships in program measures for youth who experience homelessness.* Poster presentation at the Society for Adolescent Health and Medicine Annual Conference; Washington, D.C.
7. \*Nelon, J.L., Garney, W.R., **Aparicio, E.M.**, Phillips, D.R., Wilson, K.L., Garcia, K., & Anderson, K. (2019, March). *Utilization of social network analysis to understand birth control uptake in youth who experience homelessness.* Poster presentation at the Society for Adolescent Health and Medicine Annual Conference; Washington, D.C.
8. \*Kachingwe, O.N., **Aparicio, E.M.**, Houser, C., Fleishman, J.L., Novick, J.G., Phillips, D.R., & Anderson, K. (2018, May). *"She was there through the whole process": Exploring how homeless youth and youth at-risk of homelessness access and select birth control.* Poster presented at the Society for Prevention Research 26<sup>th</sup> Annual Meeting; Washington, D.C.
9. Shpiegel, S., King, B., **Aparicio, E.M.**, Smith, R., & Grinnell-Davis, C. (2018, January). *Early parenthood among males emancipating from foster care: Findings from the National Youth in Transition Database.* Poster

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presented at the Society for Social Work and Research 22<sup>nd</sup> Annual Conference; Washington, D.C.

10. **Aparicio, E.M.** & Smith, R. (2017, October). *"If you don't ask, I'm not telling you anything": What works when engaging in real talk with foster youth around dating and sexual behaviors.* Poster presented at the Healthy Teen Network Annual Conference; Baltimore, MD.
11. Grinnell-Davis, C., **Aparicio, E.M.**, & Shpiegel, S. (2017, January). *Parenting attitudes among maltreated youth: Implications for prevention strategies.* Poster presented at the Society for Social Work and Research 21<sup>st</sup> Annual Conference; New Orleans, LA.
12. Michalopoulos, L. M. & **Aparicio, E.** (2012, November). *A psychometric study of the vicarious trauma scale in a sample of social workers.* Poster presented at the 58<sup>th</sup> Annual Program Meeting of the Council on Social Work Education; Washington, DC.

#### II.C.4. Symposia

1. **Aparicio, E.M.** (2020, January). *Sexual and reproductive health among youth who are homeless.* Symposium (role: organizer and discussant) presentation at the Society for Social Work and Research 24<sup>th</sup> Annual Conference; Washington, D.C.
2. **Aparicio, E.M.** (2019, January). *Sexual health, pregnancy, and parenting among maltreated youth and system-involved youth.* Symposium (role: organizer and discussant) presentation at the Society for Social Work and Research 23<sup>rd</sup> Annual Conference; San Francisco, CA.
3. **Aparicio, E.M.**, (2018, January). *Parenting in the wake of violence and trauma.* Symposium (role: organizer and discussant) conducted at the Society for Social Work and Research 22<sup>nd</sup> Annual Conference; Washington, D.C.

#### II.C.5. Workshops

1. **Aparicio, E.M.** (2019, December). *Kindling the fire of change: Enhancing foster youths' intrinsic motivation (part 1).* Hearts and Homes for Youth; Burtonsville, MD.
2. Aparicio, E.M., Kachingwe, O.N., Salerno, J., & Boekeloo, B. (2019, June). *Fostering healthy relationships: Addressing sexual health needs among youth in foster care.* Hearts and Homes for Youth; Burtonsville, MD.
3. Nurius, P., **Aparicio, E.M.**, Henly, J., & Thomas, M. (2019, January). *Preparing doctoral students for impactful research through qualifying/comprehensive examinations.* Roundtable at the Society for Social Work and Research 23<sup>rd</sup> Annual Conference; San Francisco, CA
4. Childress, S., **Aparicio, E.M.**, & Svoboda, D.V. (2019, January). *Qualitative research methods for understanding violence.* Pre-conference workshop at the Society for Social Work and Research 23<sup>rd</sup> Annual Conference; San Francisco, CA.
5. **Aparicio, E.M.** (2018, November). *"Because your liberation is bound up in mine: " Developing transformative community partnerships.* Casey Trees Staff Retreat; Washington, D.C.

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6. **Aparicio, E.M.** (2018, May). *"If you have come here because your liberation is bound up in mine, then let us work together: " Developing transformative community-engaged health research partnerships.* Human Computer Interaction Lab Annual Symposium; College Park, MD.
7. **Aparicio, E.M.** (2018, February). *Kindling the fire of change: Enhancing clients' intrinsic motivation (part 2).* Hearts and Homes for Youth; Burtonsville, MD.
8. **Aparicio, E.M.** (2018, January). *Kindling the fire of change: Enhancing clients' intrinsic motivation (part 1).* Hearts and Homes for Youth; Burtonsville, MD.
9. **Aparicio, E.M.** (2015, October). *Health is everyone's kuleana [responsibility]: Health disparities.* Panel co-facilitator. Hawai'i Association for Public Health; Honolulu, HI.
10. **Aparicio, E.M.** (2015, April). *Foundations for life: Understanding how early relationships, environments, and stress shape brain development and bio-behavioral outcomes.* Hawai'i Association for Infant Mental Health "First Relationships" Training Series: Honolulu, HI.
11. **Aparicio, E.M.** (2014, March). *Kindling the fire of change: Enhancing patients' intrinsic motivation.* Instilling Hope Conference Series: SBIRT; Washington, D.C.
12. **Aparicio, E.M.** (2013, September). *Delight in me! Applying attachment theory and research to early childhood programs to enhance children's social and emotional growth.* Abilities Network/Project ACT 4<sup>th</sup> Annual Early Childhood Conference; Baltimore, MD.
13. **Aparicio, E.M.** (2013, April). *The "our lives, our stories" project: The experience of motherhood among teen mothers in foster care.* Hope Forward/Maryland Foster Youth Resource Center; Baltimore, MD.
14. **Aparicio, E.M.** (2013, March). *Phenomenology.* Catholic University of America National Catholic School of Social Service PhD Program, Advanced Qualitative Research Methodologies; Washington, D.C.
15. **Aparicio, E.M.** (2009 and 2010, October). *Termination in play therapy.* Gallaudet School of Social Work; Washington, D.C.

## **II.D. Professional and Extension Publications**

### **II.D.1. Reports and Non-Refereed Monographs**

1. **Aparicio, E.** & Pecukonis, E. (2010). *Teen pregnancy in the Latino community: A review of programs and literature.* Report submitted to Maternal and Child Health Bureau, Maryland Department of Health.

## **II.E. Completed Creative Works and Scholarship**

### **II.E.1. Film, Video, and Multimedia**

1. Cabral, M.K. (Director and Producer). (2019). *Wahine Talk.* Available at <https://go.umd.edu/WTFilmCC> Provides perspectives from youth participants, staff providers, and research team members regarding the Wahine Talk program.

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2. Wahine Talk: Waikiki Health and Youth Outreach (iTP3). (2018). Retrieved from <https://www.youtube.com/watch?v=WcaPjcBAr50> Animated overview of the Wahine Talk intervention.

## **II.F. Significant Works in Public Media**

### **II.F.1. Other Significant Journalism**

1. Two Faculty Members Receive the 2020 Graduate Mentor of the Year Award. Retrieved from <https://sph.umd.edu/news-item/two-faculty-members-receive-2020-graduate-faculty-mentor-year-award> Coverage of my receipt of the 2020 University of Maryland, College Park Graduate Mentor of the Year Award.
2. UMD Prevention Research Center Appoints New Executive Leaders. Retrieved from <https://sph.umd.edu/news-item/umd-prevention-research-center-appoints-new-executive-leaders> Coverage of my appointment to Deputy Director for Clinical Training and Intervention.
3. New Holistic Pregnancy Prevention Program Shows Promise, Study Shows. Retrieved from <https://sph.umd.edu/news-item/new-holistic-pregnancy-prevention-program-shows-promise-study-shows> Discussion of feasibility and acceptability of Wahine Talk.
4. Research Will Test Interventions to Prevent Child Abuse and Neglect. Retrieved from <https://sph.umd.edu/news-item/research-will-test-interventions-prevent-child-abuse-and-neglect> Coverage of Next Chapter Project grant.
5. New Class Encourages Students to Think Beyond the Campus. Retrieved from <https://sph.umd.edu/news-item/new-class-encourages-students-think-beyond-campus> Coverage about HLTH292 (Community Health Engagement) course during its first semester.

### **II.F.2. TV / Radio Broadcast**

1. Nonprofit Entices Homeless Teens to Sex Ed Course with Free Cell Phones. Retrieved from <https://www.hawaiinewsnow.com/story/37520328/new-effort-afoot-to-help-homeless-teens-prevent-unwanted-pregnancies/>

## **II.G. Sponsored Research and Programs – Administered by the Office of Research Administration (ORA)**

### **II.G.1. Grants**

#### **2019-2024 U.S. Centers for Disease Control and Prevention, Prevention Research Centers**

Role: Co-I and Core Research Scientist; “Increasing Effective Mental Health Care for LGBT Clients” 6U48DP006382-01 (PI: Boekeloo) (\$3,750,000)

1. Project 1: Evaluation of Sexual and Gender Learning Community [Mental Health Clinicians’ LGBTQ Cultural Competence Intervention]: Clinical Consultations (Role: PI; Co-PI: Boekeloo)
2. Project 2: LGBTQ Mental Health Needs Assessment (Role: Co-PI; PI: Boekeloo)

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3. Project 3: Simulated Client Assessment of Mental Health Clinician LGBTQ Cultural Competence (Role: co-PI; PI: Shin)
4. Project 4: Clinical Mental Health Guidelines for Treating LGBTQ Clients (Role: Co-I; PI: Williams)

**2018-2019 U.S. HHS Office of Population Affairs/Texas A&M University/Waikiki Health**

Role: External Evaluation PI; “Feasibility Study Round Three of Wahine Talk: An Innovative Technology-based Approach to Teen Pregnancy Prevention for Homeless and At-Risk Adolescents” Sub-award to Waikiki Health of AH-TP2-15-001 (\$50,000)

**2017-2018 U.S. HHS Office of Population Affairs/Texas A&M University/Waikiki Health**

Role: External Evaluation PI; “Feasibility Study Round Two of Wahine Talk: An Innovative Technology-based Approach to Teen Pregnancy Prevention for Homeless and At-Risk Adolescents” Sub-award to Waikiki Health of AH-TP2-15-001 (\$100,000)

**II.G.2. Submitted Grants Under Review**

**2020-2025 *[under review]* Eunice Kennedy Shriver National Institute of Child Health and Human Development**

Role: PI; “New Beginnings: Preventing Abuse and Neglect Among the Children of Young Maltreated Parents” 1K01HD101591-01A1 (resubmission of 1K01HD101591-01)

**2020-2025 *[under review]* National Institute on Minority Health and Health Disparities and National Institute of Mental Health**

Role: Co-PI (MPI), with Quynh Nguyen; “Rosie the Chatbot: Leveraging Automated and Personalized Health Information Communication to Reduce Disparities in Maternal and Child Health” 1R01MD016037-01

**II.H. Gifts, and Funded Research not administered by ORA**

**2020-2021 University of Maryland, Faculty-Student Research Award**

Role: PI; “Mental Health and Well-being among LGBTQ Youth in Foster Care” (\$10,000)

**2019-2020 University of Maryland, Maryland Catalyst Fund**

Role: PI; “The Next Chapter Project: Exploring Parenting+Mental Health Intervention among Trauma-Affected Young Families” (\$49,000)

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2018-2019	<b>UMD Department of Behavioral and Community Health</b> Role: Co-PI with Bradley Boekeloo; “Fostering Healthy Relationships among Youth in Foster Care” (\$5,000)
2016-2017	<b>Hawai‘i Department of Human Services, Child Welfare Services</b> Role: PI; “Hawaii Child Welfare Education Collaboration” (Public Child Welfare Social Work Training Program) (\$499,000)
2016-2017	<b>U.S. HHS Office of Adolescent Health/Texas A&amp;M University/Waikiki Health</b> Role: External Evaluation PI; “Wahine Talk: An Innovative Technology-based Approach to Teen Pregnancy Prevention for Homeless and At-Risk Adolescents” Sub-award to Waikiki Health of AH-TP2-15-001 (\$100,000)

### **II.I. Research Fellowships, Prizes, and Awards**

2009-2011 Pre-Doctoral Fellow, Center for Maternal and Child Health Social Work (now, Center for Public Health Social Work Education & Training), University of Maryland School of Social Work

### **III. Teaching, Extension, Mentoring, and Advising**

#### **III.A. Courses Taught**

SP18	HLTH625 Community Assessment Through Qualitative Methods (6 students)
FA18	HLTH292 Community Health Engagement (36 students)
SP19	HLTH625 Community Assessment Through Qualitative Methods (15 students)
SU19	HLTH377 Human Sexuality (36 students)
FA19	HLTH292 Community Health Engagement (32 students)
W20	HLTH377 Human Sexuality (47 students)
SP20	HLTH625 Community Assessment Through Qualitative Methods (14 students)

#### **III.B. Teaching Innovations**

**III.B.1. Online Education: HLTH377 Human Sexuality**

**III.B.2. Course or Curriculum Development**

1. HLTH625: Designed new qualitative research methods course to be required of all graduate students in the Department of Behavioral and Community Health.

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2. HLTH292: Designed new community health engagement Scholarship in Practice course for non-Community Health undergraduate major students.

### **III.C. Advising: Research or Clinical**

#### **III.C.1. Undergraduate**

2017 – 2018 (mentor) S. Martocci, “Examining the Relationship between Pornography Consumption and Rape Myth Acceptance among Undergraduate College Students” *Awarded the 2019 University of Maryland Library Award for Undergraduate Research*

#### **III.C.2. Master’s**

2020 – (internship supervisor) H. Brewer-Scotti, “Fostering Healthy Relationships”

2018 – 2019 (chair/advisor) M. Bowman, “Designing a Tailored Cafeteria Staff Training Curriculum to Increase Student Fruit and Vegetable Consumption in DC Public Elementary Schools” (completed 2019)

*Awarded the 2019 Department of Behavioral and Community Health Meritorious MPH Project Award*

2017 - 2018 (committee member) M. Kennedy, “I Think I’m Pregnant...Now What?”  
(completed 2018)

2017 – 2018 (committee member) C. Howarth, “Assessing Trauma-informed Care among Youth Service Organizations in Prince Georges County, Maryland” (completed 2018)

#### **III.C.3. Doctoral**

2019 - (member) D. Phillips, Title TBD (University of Maryland School of Social Work dissertation external member)

2019 – (member) J. Salerno, “Trauma and Mental Health among Latinx LGBT Immigrant Youth: A Mixed-Method Study”

2019 – (chair/advisor) M. Jaszynski, Title TBD

2019 – (member) S. Holder, “Strengthening High School Transition and Attendance: Exploring Multi-level Risk and Protective Factors for Chronic Absenteeism among African American Adolescents”

2019 – (member) I. Abebe, “Understanding Sexual Consent Establishing Behaviors among College Students”

2018 – (chair/advisor) A. Channell Doig, Title TBD

2018 – (member) S. Olsen, “A Sequential Mixed Methods Approach to Identifying and Understanding Motivations for Physical Activity Participation among Amputees”

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2018 – (member) Z. Saboori, “Community Health Workers Managing Intimate Partner Violence: Current Practice and Promise”

2017 – (chair/advisor) O. Kachingwe, Understanding the Process of Sexual Health Communication between African American Fathers and their Daughters: A Qualitative Study

2018 – 2020 (member) T. Zeeger, “Identifying Barriers and Facilitators of Leisure Time Physical Activity through the Experiences of 16-18-year-old African American/Black Females” (completed 2020)

2017 – 2019 (member) H. Platter, “The Health Literacy Process Older Adult Long-Term Smokers Use to Make an Informed Decision about Lung Cancer Screening: A Grounded Theory Study” (completed 2019)

2015 – 2017 (member) R. Alboroto, “Identification and Prediction of Child Behavior Trajectories among Children Who Have Been Maltreated” (completed 2017)

**III.D. Teaching Awards**

2020 University of Maryland Graduate Mentor of the Year

**IV. Service and Outreach**

**IV.A. Editorships, Editorial Boards, and Reviewing Activities**

**IV.A.1. Reviewing Activities for Journals and Presses**

8/2019 – Ad Hoc Reviewer: *Journal of the Society for Social Work and Research*

2/2019 – Ad Hoc Reviewer: *Network Science*

1/2019 – Ad Hoc Reviewer: *Child Maltreatment*

11/2018 – Ad Hoc Reviewer: *Qualitative Health Research*

2/2018 – Ad Hoc Reviewer: *Social Work in Mental Health*

7/2017 – Ad Hoc Reviewer: *Infant Mental Health Journal*

1/2013 – Ad Hoc Reviewer: *Children and Youth Services Review*

9/2010 – Ad Hoc Reviewer: *Health and Social Work*

**IV.B. Committees, Professional & Campus Service**

**IV.B.1. Campus Service – Department**

8/2019 – BCH Graduate Program Committee (UMD)

8/2018 – BCH Doctoral Qualifying Examination Committee (UMD)

8/2017 – 5/2019 BCH Community Engagement Committee (UMD)

8/2016 – 5/2017 SSW PhD Program Committee (UH)

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8/2015 – 5/2017	SSW Indigenous Affairs Committee (UH)
8/2015 – 5/2017	SSW MSW Program Committee (UH)
8/2015 – 12/2016	SSW Supervising Faculty, PhD Program Research Practicum (UH)

#### **IV.B.2. Campus Service – School**

8/2017 –	Mentor, CHEAR student group, UMD Prevention Research Center
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#### **IV.B.3. Campus Service – University**

2/2020 –	Member, Sexual Assault Prevention Committee (UMD)
2/2020 –	Member, Evaluation and Assessment Subcommittee, Sexual Assault Prevention Committee (UMD)
3/2019	Presenter, “Healthy Relationships,” Hermandad de Sigma Iota Alpha, Inc. (sorority) (UMD)
2/2019	Judge, 15 <sup>th</sup> Annual USM PROMISE AGEP Research Symposium, University System of Maryland (UMD)
1/2015 – 5/2016	System-wide Interprofessional Education Workgroup (UH)

#### **IV.B.4. Offices and Committee Memberships**

6/2020 –	Member, Prevention Research Centers Network Mental Health Work Group
2/2020 -	Member, Research Capacity Development Committee, Society for Social Work and Research (SSWR)
2/2017 – 2/2020	Board of Directors Early Career Director at Large (elected), Society for Social Work and Research (SSWR)
2/2017 – 2/2020	Co-Chair, Research Capacity Development Committee, Society for Social Work and Research (SSWR)

#### **IV.B.5. Leadership Roles in Meetings and Conferences**

2/2017 – 2/2020	Member, 2018, 2019, and 2020 Conference Planning Committees, Society for Social Work and Research (SSWR)
2/2017 – 2/2020	Conference Volunteer Coordinator, Society for Social Work and Research (SSWR)
1/2015 – 1/2016	Training Committee, Hawai‘i Infant Mental Health Association

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11/2014 – 9/2015 Planning Committee, Hawai‘i Public Health Association 2015 Conference

**IV.C. Community & Other Service**

4/2019 – Member, Research to Policy Collaboration (meetings with and research evidence support provided to federal congressional staffers)

4/2013 – Capacity building trainings and pro bono consultation for research community partners in evaluation methods and motivational interviewing

2/2016 – 5/2017 Board of Directors, Hawai‘i Association for Infant Mental Health

12/2014 – 5/2017 Cultural Influences on Teenage Pregnancy Steering Committee, Hawai‘i Youth Services Network